Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	002999	A. BUILDING _____ B. WING _____	R-C 02/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT WINDERMERE	9745 OLYMPIA DR FISHERS, IN 46038

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (P.S.R.) to the Investigation of Complaints IN00098182 and IN00099589 completed 11/10/11. This visit was in conjunction with the Investigation of Complaint IN00102426. Complaint numbers IN00098182 and IN00099589-----corrected Survey Dates: February 09, 10, 2012 Facility number: 002999 Provider number: 002999 AIM number: NA Survey team: Chuck Stevenson RN Census bed type: Residential: 109 Total:109 Census payor type: Other: 109 Total: 109 Sample: 3 Hearth at Windermere was found to be in compliance with 410 IAC 16.2 in regard to the P.S.R. to the Investigation of Complaints IN00098182 and IN00099589. Quality review completed 2/13/12 Cathy Emswiller RN	{R 000}		